



JEFFERSON COUNTY SCHOOL DISTRICT 509-J

445 SE Buff St. • Madras, OR 97741
 Phone (541) 475-6192 • Fax (541) 475-6856
 Office of the Superintendent

Section 504 Parent Notice of Meeting

Dear _____ . Date: _____
 Parent / Guardian

We have scheduled a meeting to discuss your child's educational needs:

Date of Meeting: _____ Time: _____ Locations: _____

The purpose of this meeting is to: (check all that apply)

- Discuss possibility of disability
- Discuss results of re-evaluation
- Discuss results of evaluation / 504 eligibility
- Review instruction progress
- Review of accommodation plan
- Review Placement
- Discuss termination or renewal of 504 eligibility
- Discuss misconduct / infraction of school rules as it relates to disability
- Other (specify): _____

The following people will be included in the meeting: (fill in names as necessary)

Name	Title
_____	504 Site Coordinator
_____	Parent
_____	Student
_____	Teacher
_____	Nurse
_____	Counselor
_____	Other: _____
_____	Other: _____

If you have questions about this information, please call _____ at (541) _____.